

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014744

Entity Name: EAST COAST SPECIALIZED, INC.**Current Principal Place of Business:**324 LONGMEADOW RD.
LANCASTER, PA 17601**Current Mailing Address:**324 LONGMEADOW RD.
LANCASTER, PA 17601 US**FEI Number:** 59-3752352**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYONS, JAMES G
106 W. BLVD N.
MACCLENNY, FL 32063 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DV	Title	DP
Name	DESJARDINS, DAVID J	Name	ALWINE, DONALD D
Address	323 THELMA AVE	Address	324 LONGMEADOW RD.
City-State-Zip:	SOMERSET MA 02726	City-State-Zip:	LANCASTER PA 17601
Title	DT	Title	DS
Name	DEBONIS, FRANK R	Name	TUBMAN, ROBERT PJR
Address	21 WARREN AVE, UNIT 7	Address	72 CYPRESS RD
City-State-Zip:	SEEKONK MA 02771	City-State-Zip:	SEEKONK MA 02771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD ALWINE**PRESIDENT****03/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date